

My name is Trissie Casanova and I am a social worker at DCF Family Services. I have been a social worker at DCF for the last 12 years. In that time I have worked in all three units (intake, child protection unit and juvenile services unit). One of the things that I wanted to start off telling you about is why I have hope and do this job. I currently am working in the Investigation & Assessment unit and I am the co-located DCF social worker at the Northwest Unit for Investigation (NUSI). I love working in the Investigation & Assessment unit the most because I have the opportunity to see the resiliency and success in families. On the front end I have the opportunity to be able to work with a large number of families that do not need ongoing support or DCF intervention. It is amazing to see how these children, youth and families are and how resilient they have been despite their trauma and situation. Only a smaller percentage of families are ones that have multiple interventions. Some of the things that have been working well is the teaming. In my unit, teaming looks differently. I have opportunities to team with the multidisciplinary team at NUSI, mental health workers, pediatricians, and Law Enforcement. When teaming works, it allows everyone to work together collaboratively to find solutions and be creative.

While I know that Cindy and Karen have already shared some of the data, I thought I'd share it again. In 2014 the St. Albans District (ADO) conducted 690 Investigations/Assessments; this averaged 116 CSI's per worker. This is over the recommended 100 CSI's per worker per year. I currently have 32 investigations open under my name. In 2014 ADO was serving 247 families. In 2013 there were 12,000 reports called into CIES, in 2014 there were 5,000 more reports made to CIES. This resulted in 700 more CSI's done. This is a 14% increase in work load for front end workers, there would need to have been at least 7 more FTE to manage that work load. In 2013 there were 1,000 kids in custody, then in 2014 there were 1185 kids in custody and as of 3/20/15 there were 1,251 kids in custody. Caseloads are increasing as is the workload, which currently has not been measured. Social workers on the ground are feeling these pressures of the added workload without the support of additional workers/positions. Currently there is a fear that if something happens on someone's caseload, that they will be criminally prosecuted through the Failure to Protect portion of S9.

Social workers are working very hard on a daily basis to do the best that they can with the tools and supports that have been given to us. I worry that this added fear will not make children in VT safer. I worry that there will be a loss of staff, as some social workers are not willing to take these types of risks personally, not because they are being negligent or doing something wrong but because there are not enough resources out there to do everything that is expected of social workers for every single case. There are not enough social workers to manage the workload. While my district office has not had a lot of turn over, other offices has and this also creates more work load for the existing workers since the new ones need to be trained and have to continue to carry all of the cases until all the positions are filled. The turnover is also hard for the families and youth in which we serve. When speaking with youth in DCF custody, they talk about how hard it is for them when their workers keep on changing. It's important for them to have that stability of workers.

This job takes a toll on our families, last night I only saw my daughter for an hour and a half, and she is only two years old. Last week, I had to ask the district director to watch my own child so that I could complete a child safety intervention. This work takes a toll on our families and we are all willing to go

the extra mile and do this to protect children. The idea of being charged criminally with a felony does not settle well especially since there is an existing law in place that addresses worker negligence. The anxiety that this is creating is immense and it is affecting everyone and everyone's health. Social workers worry, they worry a lot about the families they are working with and worry that they are not able to get to everyone. The anxiety that social workers are feeling has taken a toll on some of their health.

Social workers are triaging situations on a daily basis. On the front on one of the most important things that a worker does in that unit when first working a case is commencing (interviewing or observing the victim & then making a safety plan if needed.) When there is a high volume, it is hard to follow up with families in a timely manner since the reports keep on coming in and unlike our other services providers DCF does not have a waiting list. Technically speaking investigations and assessments are supposed to be started and finished in 60 calendar days, not 60 working days. In every investigation and assessment I need to interview or observe the child, talk with the parents make a safety plan if needed, complete the danger/safety assessment, complete the risk assessment, interview the alleged perpetrator, conduct a site visit as to where the abuse/neglect occurred and do a home visit to the families home and interview any other collateral people (doctors, schools, therapists, etc).

For example, I recently was assigned an investigation of sexual abuse and risk of harm sexual. This investigation required a response that day and required coordination with NUSI. This case had three different children, in two different schools. I had to contact both schools and coordinate interviews with them both. I had to speak with the school to see if the children had any learning disabilities or anything that would be important for me to know about before I interviewed the child. I then had to interview these three children. When I was pulling into the office, I got a call from my supervisor that I was being assigned another investigation regarding an infant with a skull fracture and failure to thrive. I had to coordinate with NUSI and then go down the UVM Medical Center (formerly known as FAHC) to start the investigative process, interviewing the parents, speaking with the doctors, having the parents do a reenactment, etc. I had to ask one of my teammates to call the other family and let them know that I spoke with their children without their permission and make a plan with that family. I was out at UVM Medical Center with NUSI detectives until 10-11pm. The following day, I returned to UVM Medical Center where I had to interview the doctors, pediatricians, observe the child and family, etc. Ultimately, a decision was made to file a CHINS petition. I then had to write an affidavit at the hospital and start the custody process while the nurses at UVM were telling me that that child was medically cleared and could not stay another night and needed to leave as the hospital was very busy that night. I then had to speak with the grandparents, conduct background checks and see if they wanted to foster parents for their grandchild. Since they agreed, I had to drive to their home and complete the licensing process in order to place this child there. I did not leave their home until after midnight.

The cases that we have been working have been more challenging and situations are more complex due to substance abuse, mental health, domestic violence, complex trauma and poverty.

Changes to HSB process and law around notifying perpetrators:

Frontend social workers also have the unwritten job duties. For example, after I make a recommendation to substantiate someone if, if they appeal my decision, then it goes to the Registry Review Unit. I spend a lot of time then talking with the reviewers to explain to them the case, the dynamics and why I made the recommendations that I made. If they uphold my substantiation and the alleged appeals the Human Service Board (HSB), then I have to help the Attorney General's Office for the HSB appeal process, by contacting old victims. If a victim or their parent does not want to testify then the substantiation is dropped. That does not mean that that person no longer poses a threat or should be caring for vulnerable people.

It is frustrating that victims have no rights or protections through the DCF investigative process or HSB appeal process. I support the change to have hearsay be admissible in the HSB hearings would be better for the victims and would help keep people on the CA/N registry who should be on the registry.

As we start learning more about Human Trafficking (HT) and start working more of these investigations with our VT Youth and collaborate with Law Enforcement, we need changes to the laws regarding notifying perpetrators of HT and providing them with details of victims. These perpetrators are part of an organization so it is not just one person who is involved, but it is generally only one person who we are investigating. Notifying perpetrators in these cases and providing them with the victim's names and other details will only put these youth in danger and at risk. It feels like it is going against everything that we are supposed to be doing as a child protection agency. When these traffickers are not prosecuted, then DCF still has to notify these traffickers and tell them who "ratted" them out. This puts these youth at further risk of harm. These people who are engaged in HT generally have histories of violence, drug trafficking, gun charges, etc. DCF need to have the flexibility to handle these cases differently so that we don't put youth/children at risk of harm. Also, if a HT perpetrator is substantiated then they can have access to DCF's investigative series, making it difficult to partner with Law Enforcement on the federal level.

I had a case in which I was working with a youth involved in HT, I held the case open for almost a year in order to collaborate with Law Enforcement. When the US Attorney's office declined on prosecution, I had to then notify the pimp involved and let him know about this allegation and who it was about. It had a serious domino effect for this youth and I worried for her safety.

Staff safety - Proposed Provision of S.9

Social workers are encountering more unsafe situations than before. Social workers are being threatened to be harmed, our buildings to be shot up, blown up or for people to be waiting for us at night time by our cars and to come to our homes. People are increasing more volatile with social workers and are feeling more comfortable being threatening to social worker's. It is not part of social worker's job to be screamed at, sworn at, to be threatened, our families threatened, or to have to get in between families to prevent assaults. We are going to the same homes and serving the same families that the police will not go out to alone. They are going with their guns, tazers, baton, handcuffs, and body armor. I'm going with my clip board, water bottle and engagement skills and at times hoping for

the best. While I carry my cell phone, it does not always have service in the area that I may be out at. When that happens I am on my own.

Our community partners have acted as though they (Law Enforcement, State's Attorney's, lawyer and Judges) believe that this is just part of our job to be treated in this manner. Families all talk with one another & would in time know that they would be held accountable for threatening or assaulting a SW. Social workers need to feel safe in order to protect the children we are serving. It's the same concept as the oxygen mask on the plane, you need to put your oxygen mask on first before you help anyone else.

I would recommend that language be added that DCF staff cannot be threatened to be harmed. It is also important for the community and everyone starting from the legislature to know that threatening or assaulting DCF staff will not be tolerated. We need security guards, bullet proof glass, etc. I am the chair of the Labor Management committee and we are working with management to better understand the issue. Cindy's proposal reflects that collaboration.

In conclusion, thank you again for taking the time to meet with us. With this increase of workload, the need for additional positions in addition to social worker's is imperative as there are tasks that case aids could do for social workers that don't require the same amount of training that a social worker has in order to close cases out or to follow up with providers. In order to continue doing this work, it is necessary for DCF to be fully funded and for more positions to be given to the department in order to keep the children in Vermont safe.